



DIVINE MERCY COLLEGE

326 Yangebup Rd, Yangebup WA 6164

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APPLICATION FOR ENROLMENT

STUDENT INFORMATION

Surname: _____ Middle Name _____ Given Name _____

Date of Birth: _____ Sex : Male Female, Place of Birth: _____

Nationality: _____ Country of Citizenship: _____

Born outside of Australia: _____ Date of Arrival: _____

Religious Denomination: _____ Parish: _____ Suburb: _____

Address: _____ State: _____ Postal Code: _____

Aboriginal/Torres Strait Islander: Yes No Australian Permanent Resident: Yes No

Number of Years in Australia: _____ Language Spoken at Home: _____

Enrolment Level : _____ Year to Commence: _____

Present School: _____ Location: _____ Year Level: _____

FAMILY INFORMATION

FATHER OR GUARDIAN

Father Name: _____ Religion Denomination: _____

Occupation: _____ Nationality: _____ Country of Citizenship: _____

Address: _____ State: _____ Postcode: _____

Contact Numbers (H) _____ (W) _____ (M) _____

Email: _____

MOTHER OR GUARDIAN

Mother Name: _____ Religion Denomination: _____

Occupation: _____ Nationality: _____ Country of Citizenship: _____

Address: _____ State: _____ Postcode: _____

Contact Numbers (H) _____ (W) _____ (M) _____

Email: _____

SIBLINGS CURRENTLY ATTENDING DIVINE MERCY COLLEGE

Name: _____ Year Level: _____ Name: _____ Year Level: _____

Name: _____ Year Level: _____ Name: _____ Year Level: _____

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN) (2 required)

Name : _____ Relationship to Student: _____

Address: _____ Contact Number: _____

Name : _____ Relationship to Student: _____

Address: _____ Contact Number: _____

MEDICAL INFORMATION

Family Doctor/ Medical Clinic: _____

Address: _____ Contact Numbers: _____

Dentist/Dental Clinic: _____ Address: _____

_____ Contact Number: _____

Medical Number: _____ Private Health Fund: _____

MEDICAL EMERGENCY AUTHORISATION

I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

Signature of Parent(s)/Guardian(s) _____ Date _____

Father/Guardian

_____ Date _____

Mother/Guardian

DISCLOSURE

Do you agree that the information supplied on the Student Information and Family Information sections can be provided to the relevant Parish Priest * + Yes * + No

PRIVACY ACT COLLECTION NOTICE

1. Divine Mercy College collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a student’s enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the School’s legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under

the Privacy Act. We ask you to provide the medical reports about students from time to time.

5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, your local diocese and parish, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches and volunteers.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news in School newsletters, magazines and on our website.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Students may also seek to access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the student, or where students have provided information in confidence.
9. As you may know the School from time to time may engage in fundraising activities. Information received from you may be used to make appeal to you. It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. We may include your contact details in a class list and School directory. If you do not agree to this you must advise us now.
11. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

ENROLMENT POLICIES

1. Enrolment is open to all who follow the Catholic faith with priority being given to children of those parents belonging to the Master Christi Parish Community, and of those, priority will be given to applicants with children already attending the school.
2. In the case of Catholics every effort will be made to accept subsequent members of a family once a child has been accepted but no guarantee can be made at this point.
3. Application for enrolment from members of other faiths expressing an interest in religious values and who desire the acquisition of these values for their children will be considered. Acceptance and enrolments of a particular child does not necessarily mean other siblings will be accepted.
4. The minimum age for enrolment of a child in pre-primary will be six years old prior to 30 June of the enrolment year.
5. The Principal alone is responsible for the implementation of the Enrolment Policy and all applications should be direct to the Principal.

CONDITIONS FOR ADMISSION

1. An interview attended by both parents and child is a condition for admission, in order that parents may be fully briefed on the principles underlying the Enrolment Policy and on the application of these principles in practice.
2. Being a Catholic School it is important that applicants accept the values underlying the Catholic philosophy of education, and that the student undertakes to participate fully as committed members of the school community.
3. Parents undertake to support the policies, procedures and activities of the school, the Parents and Friends Association, participating fully as committed members of the school community.
4. Parents undertake each term to settle promptly the school fees accounts set by the School Board each year.

AGREEMENT

I/We understand and accept that the completion of this enrolment form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the school's enrolment criteria.

I/We understand and accept that the attendance of an interview does not guarantee an enrolment offer being made.

I/We have completed this application fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application/enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and/or parenting orders, then the enrolment may be refused or terminated on this ground.

I/We agree to abide by the policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

I/We understand the importance of full disclosure to any medical diagnosis or additional needs our child may have and understand that failing to disclose any information may result in our enrolment being cancelled.

I/We agree have attached all relevant documents with this application and I/WE understand that we will not be given an interview time unless all documentation has been given to the school.

- Enrolment Form, additional details form and any other required documentation
- School reports for last 12 months
- School Medical Advice Form
- Copy of Passport
- Birth Certificate
- Visa or Citizenship Certificate
- Immunization Certificate
- Baptism Certificate
- Reward Certificates if any
- Reports of any medical diagnosis
- Disclosure of any additional needs that may assist us in catering for your child

Signature of Parent(s)/Guardian(s) _____ Date _____
Father or Guardian

_____ Date _____
Mother or Guardian

PLEASE NOTE

If your enrolment is accepted you will be required to pay a deposit to secure your placement. Please note enrolment won't be accepted unless all documentation has been received.

OFFICE USE ONLY:

- | | | |
|--------------------------|--|--------------------|
| <input type="checkbox"/> | Profile characteristic of EALD students required | Completed YES / NO |
| <input type="checkbox"/> | Learning Support forms required | Completed YES / NO |
| <input type="checkbox"/> | No additional needs – no additional forms required | |